A Hollister Technology

VaPro

Touch Free Intermittent Catheter

Female User Guide

Hollister

Care plan

Personal details & follow up appointments

Date first seen: _____

Patient name: _____

Doctor/Nurse: _____

Telephone: _____

Emergency contact: _____

Product name: _____ Product code: _____

Size: _____ Length: _____

Frequency of catheterisation (per 24 hours): _____

Follow-up with: _____

Follow up appointments

Signatures	Date	Time	Location

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A Healthy Urinary System

Your urinary system is made up of the kidneys, ureters, bladder, urethra, and the internal and external sphincters.

Kidneys

The kidneys filter certain waste products from the blood to make urine. The kidneys typically produce 30-90ml of urine each hour. Urine is carried from the kidneys through tubes called ureters to the bladder, where it is temporarily stored until urination occurs.

Ureters

The ureters are narrow, hollow tubes that lead from the kidneys to the bladder. They end in the lower portion of the bladder and are attached to the bladder in such a way that it helps prevent urine from flowing back up into the kidneys. Muscles in the ureters push urine down from the kidneys to the bladder almost constantly.

Bladder

The bladder is a hollow organ with a muscular wall and two primary functions – the storage and emptying of urine. In a relaxed state, the adult bladder can hold about 470ml of urine before you feel a strong urge to urinate. The size and shape of the bladder and the amount of urine stored varies from person to person.

Emptying the bladder (also called voiding or urination) involves the coordination of both voluntary and involuntary muscles. When the bladder is emptied, urine leaves the body through a tube called the urethra. Voiding occurs when the bladder muscle (also called the detrusor) contracts and the sphincters open. Urine then passes through the urethra and leaves the body.

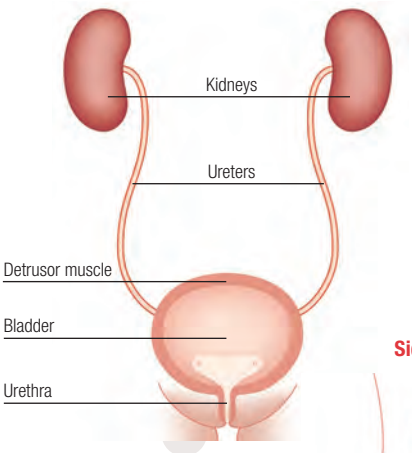
Sphincters

The urethra is surrounded by two ring-like muscles called the internal and external sphincters. The external sphincter is the one you control when you urinate. The sphincters work best when the pelvic floor muscles are healthy and strong. The pelvic floor muscles consist of several small muscle groups that surround the urethra, vagina and rectum. They provide support to the organs of the pelvis, and they help to hold the urethra in place.

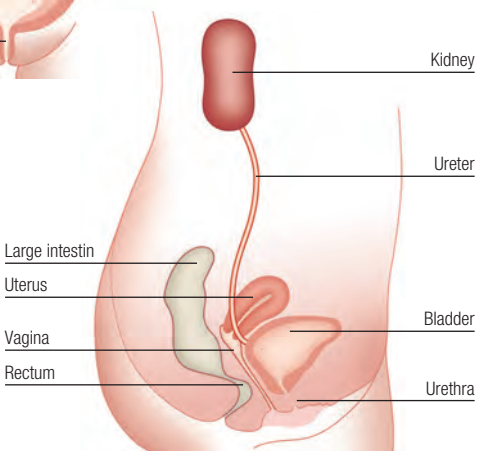
Nervous System

The process of urination involves coordination between the bladder, the sphincter muscles, and an intact nervous system. When the bladder is full, nerve impulses are sent to the lower portion of the spinal cord, and then to the brain to communicate that the bladder is full. At that time (if it is convenient), the brain sends a message to the bladder telling it to contract in order to release the urine. At the same time the brain sends a message telling the sphincters to relax. A healthy functioning nervous system and brain are very important for proper coordination of this complex process.

Front view of female urinary system



Side view of female urinary system



Bladder Problems

Neurogenic Bladder Disorder

If you have been diagnosed with a neurogenic bladder it means that you have some type of bladder malfunction caused by a neurologic disorder or injury. Your bladder may empty too frequently, not frequently enough, or in an uncoordinated way. Your urinary sphincters may also work incorrectly. The way your bladder and sphincters behave depends on the location of the neurologic disorder in your brain, spinal cord, or peripheral nerves, and the extent of your disease or injury.

If your bladder empties too frequently, it may be described as hyper-reflexive, spastic, or overactive. Your body is unable to store as much urine as it should, and the bladder empties more frequently than a healthy bladder. This can cause nocturia (urinating more than once at night), urgency (a strong desire to urinate), and frequency (voiding more than 8 times in 24 hours).

Some neurologic disorders prevent the bladder from emptying properly. Your bladder fills with urine yet you don't feel the need to urinate or you can't make the urine come out. This type of bladder disorder can also be described as flaccid or atonic bladder and it can result in urinary retention, or the inability of the bladder to empty.

Common Issues

For women, multiple pregnancies and vaginal deliveries can weaken the pelvic floor muscles that support the bladder and uterus causing problems such as urine leakage.

Anyone having problems with urination (incontinence or change in urinary habits) should consult their healthcare professional for diagnosis and treatment.

Neurologic disorders or injuries can also cause the urinary sphincters to function improperly. They may not close or open at the right times; or may not close at all. In a condition called detrusor sphincter dyssynergia, the pelvic floor muscles contract and close the urethra when the bladder contracts, preventing the bladder from emptying. This can cause urine to flow up the ureters toward the kidneys, which can possibly damage the kidneys.

Types of Neurogenic Bladder Disorders*	
Flaccid or Atonic Bladder Sensorimotor	Occurs after acute spinal cord injury. The bladder fails to contract resulting in urinary retention.
Spastic or Hyper-reflexive Bladder	Occurs when there is a spinal cord injury above the level of S2-S4. It results in frequent uncontrolled voiding due to bladder spasms and a lack of sensation.
Uninhibited Bladder	Urinary frequency and urgency resulting from changes in the brain. This can be caused by conditions such as stroke, head injury, or Multiple Sclerosis.
Paralytic Bladder	Inability to empty the bladder because of damage to the peripheral nervous system. It can be caused by conditions such as mellitus or extensive pelvic surgery.

* Used with permission from Newman D, Wein A, Managing and Treating Urinary Incontinence second edition. 2009.

Bladder Problems

Not everyone develops these symptoms. If you are not feeling well or you suspect you have an infection, contact your healthcare provider. It is important to contact your healthcare provider at the first sign of a urinary tract infection.

Urinary Tract Infections

If you have a neurogenic bladder disorder you may have occasional or frequent urinary tract infections (UTIs). Urinary tract infections occur when there is an increased amount of bacteria (or other microorganisms) inside the bladder, urethra, and kidneys, sometimes as a result of residual urine in the bladder. In men, urinary tract infections can also include the genitals, particularly the prostate or seminal vesicles.

Some symptoms of UTIs are:

- More frequent urination than normal
- Leakage of urine between normal voiding or catheterisation
- Increased muscle spasms (if you are spinal cord injured)
- Fever
- Back pain
- Milky, cloudy, or darkly coloured urine
- Foul smelling urine

Intermittent Catheterisation

There are a wide variety of intermittent catheter products available. Understanding the different features will help you choose the catheter that is right for you. See all of the intermittent catheter products Hollister has to offer at **www.hollister.co.uk**

Unlike an indwelling catheter, which stays in your bladder for extended periods of time, intermittent catheterisation is the insertion and removal of a catheter several times a day to empty the urinary bladder. People who use intermittent catheterisation as a method of emptying their bladder should follow the recommended frequency of catheterisation provided by a healthcare practitioner.

Intermittent catheterisation is easy to learn and a common way people with a neurogenic bladder manage their disorder. Supplies can be carried discreetly in a pocket or bag, and the procedure can be done fairly quickly. To learn the procedure, you must learn where the catheter is inserted and how to use the product. You must also be able to reach your urethra and manipulate the catheter. You can drain the urine through the catheter into the toilet, or a disposable bag. Women can't always see their urethra and may learn to do the procedure by touch or by using a mirror.

People of all ages can learn how to perform intermittent catheterisation. A caregiver or family member can also perform intermittent catheterisation if you are unable to perform it yourself. Your healthcare provider will work with you to find the best solution for you.

Choosing Your Intermittent Catheter

Size and Design

Catheters come in a variety of sizes, materials and packaging. The diameter of catheters are measured on the Charrière scale (abbreviated Ch), after its inventor. One Charrière is equal to 1/3 of a millimetre. The most common sizes used by adults are Ch 12 and Ch 14, and it is generally best to use the smallest size that you can. Your healthcare professional will prescribe the proper size for you.

Hollister Tip and Sleeve Catheters

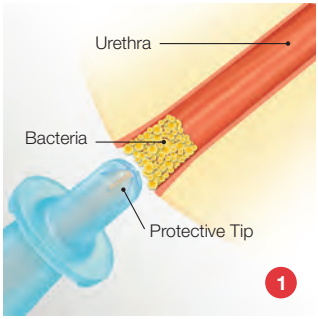
Hollister tip and sleeve catheters can help you focus on what matters. Hollister offers you several VaPro touch free intermittent catheter options to provide the right balance of ease of use and protection - and the catheters are designed to be easy to teach and easy to learn. Only one training approach is required for all catheter options. The touch free design helps keep germs away with a protective tip and sleeve.

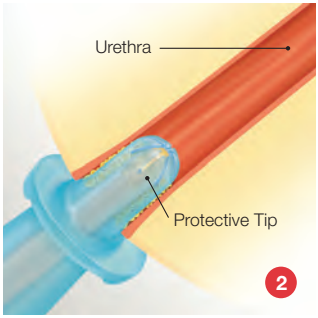
Hollister tip and sleeve catheters are designed to help protect you from germs throughout your catheterisation process.

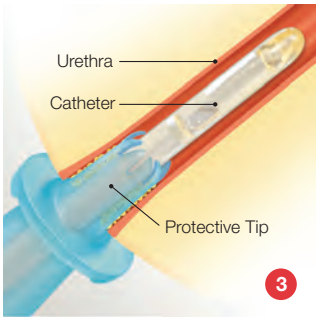
- They help protect the entire catheter from bacteria – from the time the package is opened until after insertion, with the unique tip and sleeve design
- You can grip anywhere – there's no wrong place to touch the sleeve
- The used catheter stays in the protective sleeve during removal

How the Protective Tip Works

Hollister touch free intermittent catheters have a protective tip that covers the tip of the catheter. The catheter is advanced into the protective tip, and then the protective tip is inserted into the urethra (figure 1). The protective tip helps prevent the catheter from coming into contact with the germs that are in the first 15 mm of the urethra (figure 2). The protective tip helps protect the catheter from becoming contaminated (figure 3).


Urethra
Bacteria
Protective Tip
1


Urethra
Protective Tip
2


Urethra
Catheter
Protective Tip
3

VaPro Pocket

Touch Free Intermittent Catheter

Cleverly compact. Brilliantly hygienic.

VaPro Pocket touch free intermittent catheter gives women the right balance of ease-of-use and protection so you can be in control of your catheterisation.

Hollister Tip and Sleeve Catheters

Simple · Clean · Independence

Protective tip
helps bypass bacteria in the first 15 mm of the distal urethra

Protective sleeve
promotes easy handling while also helping to keep bacteria away

Ring cap
helps keep protective tip clean and protected after package is opened

Simple insertion and removal

- Ready to use with pure catheter hydration technology
- Designed to be evenly lubricated for easier insertion
- Helps provide ease of insertion and withdrawal with smooth eyelets

Touch Free

- The catheter can be gripped anywhere along the protective sleeve
- The protective tip helps shield the sterile catheter, during insertion and removal, from bacteria located within the first 15 mm of the distal urethra

Now available in an easy to carry, easy to store compact package

- Fits into daily life – slides easily into a pocket, purse, or bag
- No compromise on length – a full-length catheter in a pocket size package

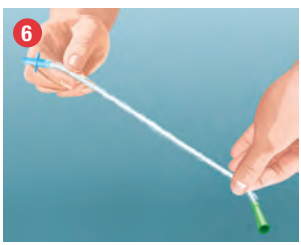
Wash hands with mild soap and water and dry thoroughly.

To open the catheter package, pull toward you at the notch.

Remove the catheter from package. Lay the catheter on opened package.

Spread the labia and cleanse around the opening of the urethra with mild, unscented soap or a non-alcoholic wet wipe.

Remove ring cap from protective tip of catheter.

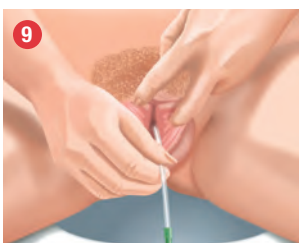


Hold the catheter straight.

Please turn over for steps 7-11

Direct the funnel end of the catheter into an appropriate receptacle or toilet.

Hold the catheter in one hand, and with the other hand advance the catheter forward until the tip of the catheter fills the protective tip, taking care that the catheter does not protrude from the tip.



Part the labia with two fingers. Grasp the catheter below the protective tip plate, and insert the protective tip until the base comes in contact with the urethral opening. Release the labia. **Keep the protective tip in place.** Insert the catheter forward until urine starts to flow. Once the urine flow has stopped, slowly withdraw the catheter to ensure the bladder is completely empty. Then gently remove catheter completely.

The catheter may be disposed of in a waste bin. Do not flush it down the toilet.

Wash hands with mild soap and water and dry thoroughly.

Some suggested positions for catheterisation

VaPro Plus

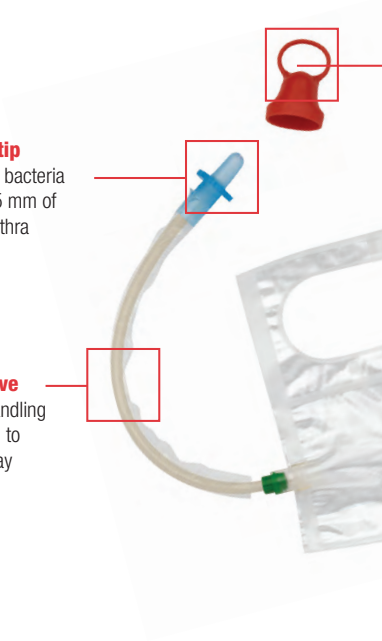
Touch Free Intermittent Catheter System

Convenience on the go

The VaPro Plus Intermittent Catheter offers all the benefits of the standard VaPro Catheter, with the added advantage of an integral 1000ml collection bag, delivering catheterisation on-the-go.

Protective tip
helps bypass bacteria in the first 15 mm of the distal urethra

Protective sleeve
promotes easy handling while also helping to keep bacteria away



Simple insertion and removal

- Ready to use with pure catheter hydration technology
- Designed to be evenly lubricated for easier insertion
- Helps provide ease of insertion and withdrawal with smooth eyelets

Touch Free

- The catheter can be gripped anywhere along the protective sleeve
- The protective tip helps shield the sterile catheter, during insertion and removal, from bacteria located within the first 15 mm of the distal urethra

Ring cap
helps keep protective tip clean and protected after package is opened

1000 mL collection bag

A great choice for those who prefer the convenience of a collection bag

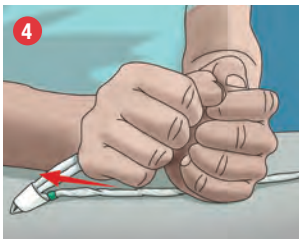
- Catheterise on the go – no receptacle needed with the integrated collection bag
- Convenient handling because the catheter is located outside the collection bag

Wash hands with mild soap and water and dry thoroughly.

To open the catheter package, pull top finger hole toward you at least halfway down the package.

If necessary, use the adhesive strip on the catheter package to affix the package to a surface while preparing to catheterise.

Lay the catheter on the open package.



Release collection bag by slipping paper band toward the catheter and off the bag, or place the catheter on a flat surface, and with the bottom of the fist, lift the bag away from the catheter to release the paper band. Lay catheter on opened package.

Spread the labia and cleanse around the opening of the urethra with mild, unscented soap or a non-alcoholic wet wipe.

Remove ring cap from protective tip of catheter.

Please turn over for steps 7-11

Hold the catheter in one hand, and with the other hand advance the catheter forward until the tip of the catheter fills the protective tip, taking care that the catheter does not protrude from the tip.

Part the labia with two fingers. Grasp the catheter below the protective tip plate, and insert the protective tip until the base comes in contact with the urethral opening. Release the labia. **Keep the protective tip in place.** Insert the catheter forward until urine starts to flow. Once the urine flow has stopped, slowly withdraw the catheter to ensure the bladder is completely empty. Then gently remove catheter completely.

To empty the collection bag before disposing, tear at the arrow (Tear here to empty) to drain urine.

The catheter may be disposed of in a waste bin. Do not flush it down the toilet.

Wash hands with mild soap and water and dry thoroughly.

Some suggested positions for catheterisation

VaPro
Touch Free Intermittent Catheter

The VaPro touch free intermittent catheter puts you in control.

VaPro touch free intermittent catheter gives you the right balance of ease-of-use and protection so you can be in control of your catheterisation.

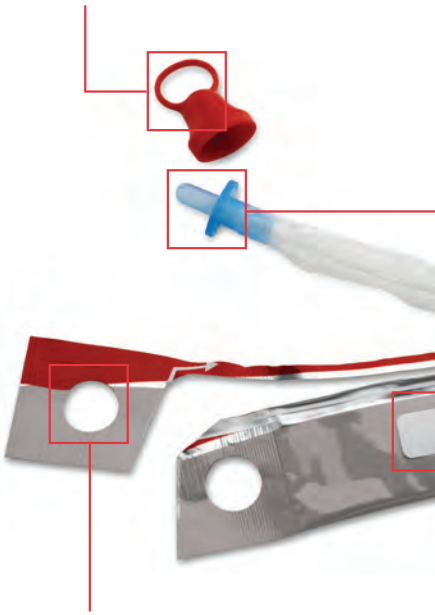
Simple insertion and removal

- Ready to use with pure catheter hydration technology
- Designed to be evenly lubricated for easier insertion
- Helps provide ease of insertion and withdrawal with smooth eyelets

Touch Free

- The catheter can be gripped anywhere along the protective sleeve
- The protective tip helps shield the sterile catheter, during insertion and removal, from bacteria located within the first 15mm of the distal urethra

Ring cap
helps keep protective tip clean and protected after package is opened

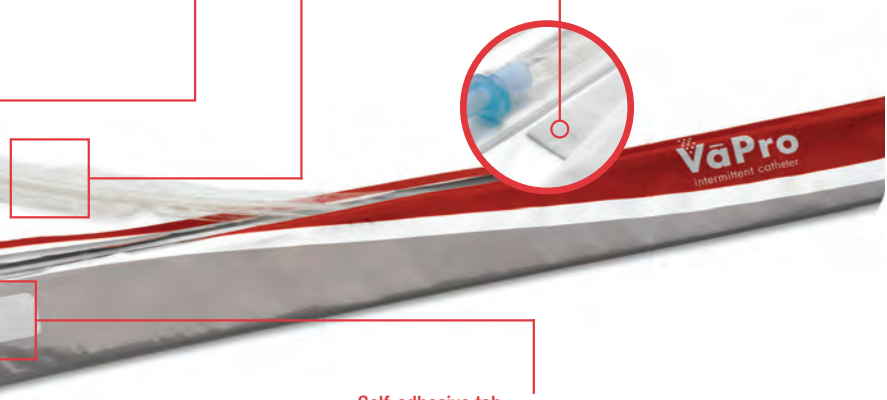


Easy-to-open packaging
large finger holes with tear strip to help facilitate easy opening

Protective sleeve
promotes easy handling while also helping to keep bacteria away

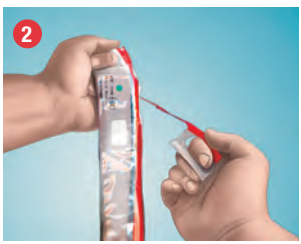
Protective tip
helps bypass bacteria in the first 15 mm of the distal urethra

Active Vapour Strip
(inside foil packaging)



Self-adhesive tab
allows the packaging to be adhered to a hard surface

Wash hands with mild soap and water and dry thoroughly.



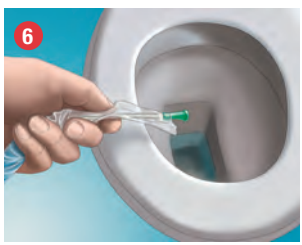
To open the catheter package, pull top finger hole toward you at least halfway down the package.

If necessary, use the adhesive strip on the catheter package to affix the package to a surface while preparing to catheterise.

Lay the catheter on the open package.

Spread the labia and cleanse around the opening of the urethra with mild, unscented soap or a non-alcoholic wet wipe.

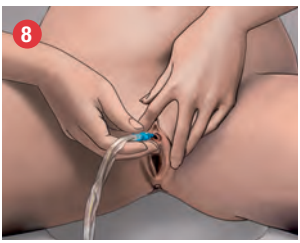
Remove ring cap from protective tip of catheter.



Direct the funnel end of the catheter into an appropriate receptacle or toilet.

Please turn over for steps 7-10

Hold the catheter in one hand, and with the other hand advance the catheter forward until the tip of the catheter fills the protective tip, taking care that the catheter does not protrude from the tip.

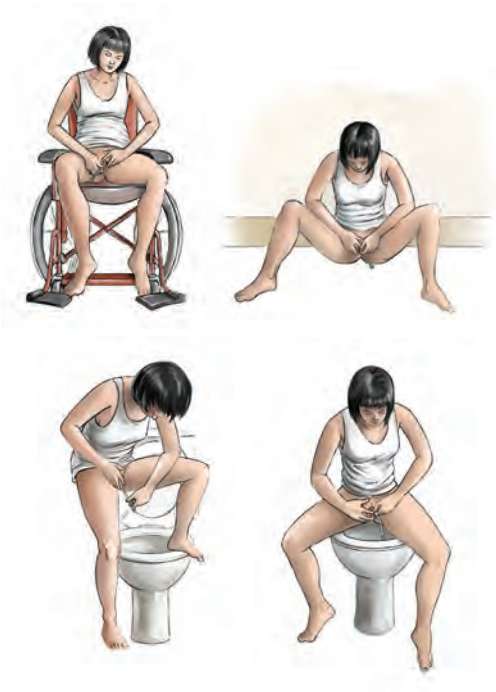


Part the labia with two fingers. Grasp the catheter below the protective tip plate, and insert the protective tip until the base comes in contact with the urethral opening. Release the labia. **Keep the protective tip in place.** Insert the catheter forward until urine starts to flow. Once the urine flow has stopped, slowly withdraw the catheter to ensure the bladder is completely empty. Then gently remove catheter completely.

The catheter may be disposed of in a waste bin. Do not flush it down the toilet.

Wash hands with mild soap and water and dry thoroughly.

Some suggested positions for catheterisation



Frequently Asked Questions

Intermittent catheterisation

Q What are the typical signs of infection in the kidneys or bladder?
A You may feel feverish, have lower loin pain or pain in your back. The urine may have an offensive odour, and may be cloudy. Blood may be present in the urine. Frequency of urination and pain, burning or stinging sensation on passing urine may be present. You may also feel confused. Not everyone develops these symptoms. If you are not feeling well or you suspect you have an infection, contact your healthcare provider. It is important to contact your healthcare provider at the first sign of a urinary infection.

Q How much fluid should I drink?
A It is generally recommended that adults drink approximately 2 litres of fluid each day. Your needs may be different, so please be sure to follow your healthcare professional's advice. Check your weight as well to determine if you are retaining fluid. Your recommended fluid intake may be based on your weight and other medical history.

Q What should I do if I cannot pass the catheter into my bladder?
A If you cannot pass the catheter after 3 or 4 tries, call your healthcare professional or go to accident and emergency. Never force the catheter as you could cause injury to the urethra.

Q Why do I have large amounts of urine when I catheterise at night?
A Please consult your healthcare professional regarding this situation.

Q What steps do I need to take to prepare to catheterise?
A Proper hand washing and personal hygiene are important steps in preparation for catheterisation.

1. Wash hands with mild soap and water and dry thoroughly
2. Spread the labia and cleanse around the opening of the urethra with mild, unscented soap or a non-alcoholic wet wipe.

VaPro touch free intermittent catheters

Q What makes the VaPro touch free intermittent catheter unique?

A
- It is the first hydrophilic catheter to use a revolutionary vapour hydration process - Vaporphilic technology
- Its easy access packaging is the first system with both a tear strip opening and finger holes
- It is the first hydrophilic catheter with both a protective tip and sleeve

Q Who can use a VaPro touch free intermittent catheter?

A Men, women and children who need to manage urinary incontinence by draining urine from the bladder.

Q Does the VaPro touch free intermittent catheter contain natural rubber latex?

A The specifications for the VaPro touch free intermittent catheter and its packaging do not include natural rubber latex as a component and our component suppliers do not add natural rubber latex as part of their production process.

Q Does the VaPro touch free intermittent catheter require water to be added to the product upon opening?

A No, the VaPro touch free intermittent catheter is ready to use straight from the packaging, with no need to add water or to burst water sachets.

Q Why doesn't the VaPro touch free intermittent catheter require immersion in liquid water, and how is it lubricated?

A The VaPro touch free intermittent catheter coating is activated by sterile water vapour which emanates from the active vapour strip, creating a 100% relative humidity atmosphere within the package (full activation occurs after an ageing period has been reached, prior to distribution). The 100% relative humidity atmosphere ensures vapour hydration of the hydrophilic coating on the outer surface of the catheter tube. This active process, Vaporphilic technology, provides a fully hydrated, ready-to-use hydrophilic catheter upon opening the package with no need to add water.

Q What are the advantages to having a protective tip and sleeve?

A The protective tip and sleeve help guard against contamination by bacteria both from the environment and in the first 15 mm of the distal urethra. The protective tip, along with the protective sleeve, enables the user to apply a no-touch technique.

Q What material is used to make the VaPro touch free intermittent catheter?

A The catheter tubing is made from PVC – polyvinylchloride.

Q Does VaPro touch free intermittent catheter contain phthalates?

A No, DEHP or any other phthalates are not used in the manufacturing of the catheter tubing.

Q What is the coating on the VaPro touch free intermittent catheter, and what is unique about that coating?

A The VaPro touch free intermittent catheter coating uses a common hydrophilic ingredient, PVP, polyvinylpyrrolidine. A proprietary process was developed to coat the catheter evenly and to make the coating less likely to shed.

Q How is the VaPro touch free intermittent catheter lubrication process unique?

A The lubrication technology uses a PVP (polyvinylpyrrolidine) ingredient within the hydrophilic coating. Sterile water vapour activates the coating, making this process unique.

Q What is unique about the VaPro touch free intermittent catheter packaging?

A Its easy access packaging is the first with both a tear strip opening and finger holes, helping to ease access for those with limited dexterity.

Q How many eyelets are on the VaPro touch free intermittent catheter?

A The VaPro touch free intermittent catheter has two offset smooth eyelets.

Q What features should a catheter have?

A Desirable features include the following: Catheter material that is biocompatible (does not cause allergic reactions), flexible, to accommodate the urethral contours, and durable so that it retains its shape even with temperature variations. It should also provide atraumatic (gentle and comfortable) insertion, be ready to use, easy to handle, and enable the user to apply a “no-touch” technique to help reduce the risk of infection.

Hollister Incorporated does not provide medical advice or services. The information provided herin is not a substitute for medical care. If you have, or suspect you have, a health problem, you should always consult with a licensed healthcare professional.

Q How do I dispose of the catheter?

A Catheters should be disposed of in a waste bin. Do not flush it down the toilet. Follow any local guidelines for the disposal of waste, especially medical devices.

Lifestyle

Q How do I catheterise on a trip?

A In many cases, planes, buses and trains do not have wheelchair accessible bathrooms. You may choose to catheterise under a blanket using a closed system catheter like the VaPro Plus touch free intermittent catheter.

Q How should I prepare for a trip?

A Check with the airline when making travel arrangements for special accommodations (i.e. ask for assistance to board the plane if needed, request a larger bag allowance). You should also familiarise yourself with the policies of your airline. Alert hotels about your needs before your arrival and request any equipment you will need (i.e. bath, bench, roll-in shower, etc.) Even cruise lines must provide disabled accessible rooms. Be very specific about what you need when making reservations. Research your travel destination to prevent surprises with regard to physical barriers. Be sure to carry your medications and supplies for catheterisation and other self-care routines in your carry-on luggage. Get as much rest as possible, maintain your usual care routines, and drink plenty of fluids. Drink bottled water if the tap water is questionable.

Q What do I need to carry with me to catheterise away from home?

A While the need for supplies varies by individual, ensure that you have enough catheters to use during your time away from home, any supplies needed for proper cleansing, and a bag to dispose of your catheters if you are not able to locate a waste bin.

Frequency / volume chart

Important – please read carefully

It is important that you fill in the chart on the next page to monitor your progress with ISC. It is designed to give an idea of your average fluid intake, urine output and any leakage during the day. This is important to your healthcare professional.

Each day, record how much you drink (see pictures below for a guide of how many mls) and when you drink it (put the volume in the box provided for that time). If you often drink from the same or similar sized cups, then you need only measure how much it holds once and put that value down every time you drink from it, otherwise use our guide for the amount in mls.

When you go to the toilet, measure the urine you pass using a small jugs. Record the volume in mls rather than fluid ounces. Record it in the box next to the nearest hour in the 'out' column.

When you use the catheter, measure the amount of urine drained and place in the column marked 'catheter'.

When you go to bed put a 'B' on the chart next to the right time, so that we can tell how many times you have to get up at night to pass water.

If you are unable to fill the chart in properly every day because of other commitments, please try to fill it in accurately for at least 2 days by measuring and recording the frequency of passing urine and leaking by ticking the correct boxes for the remaining days.

Example of correctly completed section:

Name: John Smith Week commencing: 26/01/2015

Please see instructions on the previous page.

Time	Day 1 Date: 26/01/2015 In	Out	Catheter	Day 2 Date: 27/01/2015 In	Out	Catheter	Day 3 Date: In
1am							
2am							
3am	250				200		
4am							
5am							
6am							
7am			X				
8am							
9am							
10am							

Guide for volume of drinks:

Glass
180ml

Cup
150ml

Mug
200ml

Name: _____

Week commencing: _____

Please see instructions on the previous page.

	Day 1 Date:			Day 2 Date:			Day 3 Date:		
Time	**In**	**Out**	**Catheter**	**In**	**Out**	**Catheter**	**In**	**Out**	**Catheter**
1am									
2am									
3am									
4am									
5am									
6am									
7am									
8am									
9am									
10am									
11am									
12am									
1pm									
2pm									
3pm									
4pm									
5pm									
6pm									
7pm									
8pm									
9pm									
10pm									
11pm									
12pm									
Total									

Day 4 Date:			Day 5 Date:			Day 6 Date:			
In	Out	Catheter	In	Out	Catheter	In	Out	Catheter	Time
									1am
									2am
									3am
									4am
									5am
									6am
									7am
									8am
									9am
									10am
									11am
									12am
									1pm
									2pm
									3pm
									4pm
									5pm
									6pm
									7pm
									8pm
									9pm
									10pm
									11pm
									12pm
									Total

Glossary of Terms

Bladder
A hollow organ with a muscular wall that has two functions, the storage and emptying of urine.

ISC
Intermittent self-catheterisation.

Kidneys
Two bean-shaped organs which lie internally on either side of the spinal cord whose purpose it is to filter waste from the blood and to produce urine.

Pelvic floor
A set of muscles that give you control when emptying your bladder or move you bowels.

Rectum
The lower end of the large intestine, leading to the anus.

Sphincter
A round voluntary muscle surrounding the urethra that opens and closes to hold urine in or let it drain out of the bladder.

Ureters
Two hollow tubes that carry urine from the kidneys to the bladder.

Urethra
A muscular tube that carries urine from the bladder to the outside of the body.

Urinary retention
A state in which the bladder cannot be emptied completely.

Vagina
Opening of the lower part of the female reproductive system; lies behind the urethra. It is a muscular tube.

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Ordering Details

VaPro

Touch Free Intermittent Catheter

Stock No	Tip	Size length	Size diameter	Box Qty
72082	Nelaton	F (20 cm)	Ch 8	30
72102	Nelaton	F (20 cm)	Ch 10	30
72122	Nelaton	F (20 cm)	Ch 12	30
72142	Nelaton	F (20 cm)	Ch 14	30

VaPro Pocket

Touch Free Intermittent Catheter

Stock No	Tip	Size length	Size diameter	Box Qty
70102	Nelaton	F (20 cm)	Ch 10	30
70122	Nelaton	F (20 cm)	Ch 12	30
70142	Nelaton	F (20 cm)	Ch 14	30

VaPro Plus

Touch Free Intermittent Catheter System

Stock No	Tip	Size length	Size diameter	Box Qty
74122	Nelaton	F (20 cm)	Ch 12	30
74142	Nelaton	F (20 cm)	Ch 14	30

Warning: To help reduce the potential risk of infection and/or other complications, do not re-use. Dispose of appropriately after procedure. If discomfort or any sign of trauma occurs, discontinue use immediately and consult your healthcare professional.

Caution: Federal (USA) law restricts this device to sale by or on the order of a licensed healthcare professional. Prior to use of this device, be sure to read (i) the complete information on how to use this device including Warnings, Cautions, and Instructions for Use, and (ii) all other package inserts and labels supplied with the product and accessories.

Please consult a medical professional before using this product if any of the following conditions are present: Severed urethra, unexplained urethral bleeding, pronounced stricture, false passage, urethritis – inflammation of the urethra, prostatitis – inflammation of the prostate gland, epididymitis – inflammation of the epididymis (testicle tube). Self-catheterisation should only be carried out after medical advice and only in accordance with the instructions provided. Always follow the care plan and advice given by your healthcare professional. For urethral intermittent self-catheterisation (ISC), it is typical to catheterise at least 4 times a day at intervals of 6 to 8 hours. If you are unsure about your catheterisation, please contact your regular healthcare professional.

Note: Store boxes in a flat position and at normal room temperature. Not available for sale in the United States.

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